

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I		/			
2						
3						
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21	I		/			
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33	I		/			
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37	I		/			
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49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	34	↔		↔		↔
TOTAL CLAIMS	39					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS			o			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS